



APPLICATION FORM

This application is for applying at the Wolwedans Foundation to take part in the Hospitality programme.

We are aiming for the young Namibians between the age 18 years & 24 years old.

Institution of training:

Please bear in mind that Desert Academy has a strict criteria screening to accommodate marginalized groups, and youth from the south of Namibia.

n.i.c.e

Wolwedans Desert Academy

Please indicate by using the numbers between 1 & 2 to indicate 'first or 'second' choice preference according to the criteria given above.

TITLE	SURNAME	INITIALS	DATE OF BIRTH (DD/MM/YYYY)

This application must include the following items:

- Passport photo
- Letter of motivation for application only 1 page
- Updated Curriculum Vitae
- Academic requirement: Minimum required grade 10/12 certificate
- Testimonials or letter of reference from previous employer/institution/school
- Certified copy of ID



1. PARTICULARS OF APPLICANT

Surname:..... Initials:
First names:
Title: Marital Status:
Ethnic Group: Religion:
Correspondence Language: Citizenship:
Gender: Home Language:
Current residence (Region):.....

2. ADDRESS

Postal address:
.....
.....
Physical address:
.....
.....
Tel: Fax:..... E-mail:.....

3. CONTACT NEXT-OF-KIN IN CASE OF EMERGENCY

Full Name: Initials: Title:
Relationship:.....
Address:.....
.....
Tel/Mobile: Fax: E-mail:.....

4. TRAINING INFORMATION

Field of training at Wolwedans Desert/Nice Academy:

Hospitality CORE Levels 1 & 2 *Duration 10 months*

Applicant has to choose between the following specializations:

Food Preparation Level 3: *Duration 15 months*

Or

Food & Beverage Level 3: *Duration 15 months*

5. CHECK LIST FOR DOCUMENTATION FROM APPLICANT

	APPLICANT:	OFFICE USE:
Insert documentation here and indicate number of pages:		
Passport photo		
Letter of motivation for application only 1 page		
Curriculum Vitae		
Academic requirement: Minimum required grade 10/12 certificate		
Testimonials or letter of reference from previous employer/institution/school		
Certified copy of ID		

DECLARATION BY APPLICANT

I, (Full name of applicant) hereby, declare that all information/evidence produced for this application is my own.

.....
Signature of Applicant

.....
Date

.....
Signature of Parent/Guardian
(if under 21 years of age)

.....
Date

DECLARATION BY APPLICANT

I hereby declare,

- (a) that the particulars furnished by me above in this application form are true and correct;
- (b) that I fully understand that the Training Provider is entitled to cancel my traineeship/apprenticeship immediately, should it become apparent that any of the particulars furnished above in this application form is/are untrue or incorrect;
- (c) that I hereby agree to treat the information furnished to me in this application form, as well as information furnished to me by third parties as a result of my application for admission to Training Provider, as confidential.